

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 18/11/2022 16:29 (SGT)
Reported by Both
Date of Accident 16/11/2022 19:25 (SGT)
Exact Location of Accident 78 Airport Blvd., Jewel Changi Airport, Singapore 819666
Additional Location Information 78 Jewel Changi Airport #B3 Lobby C
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGD9990D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tay Meng Heng
NRIC No S1795687F
Email Address francistaymh@hotmail.com
Mobile Phone No (Phone) +65-96931199
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A6
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA610615/1

DRIVER

Name of Driver Tay Meng Heng
NRIC No S1795687F
Date Of Birth 01/12/1967
Occupation Indoor

Date Of Driving Pass	13/12/1991
Driving experience	30 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96931199
Alt. Phone Number	-
Email Address	francistaymh@hotmail.com
Address	220 Pavilion Circle
Address complement	-
Postcode	658235
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	video with TP.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR4198T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Felza David Prince
NRIC No	S8848252B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Felza David Prince
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR4198T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

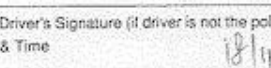
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

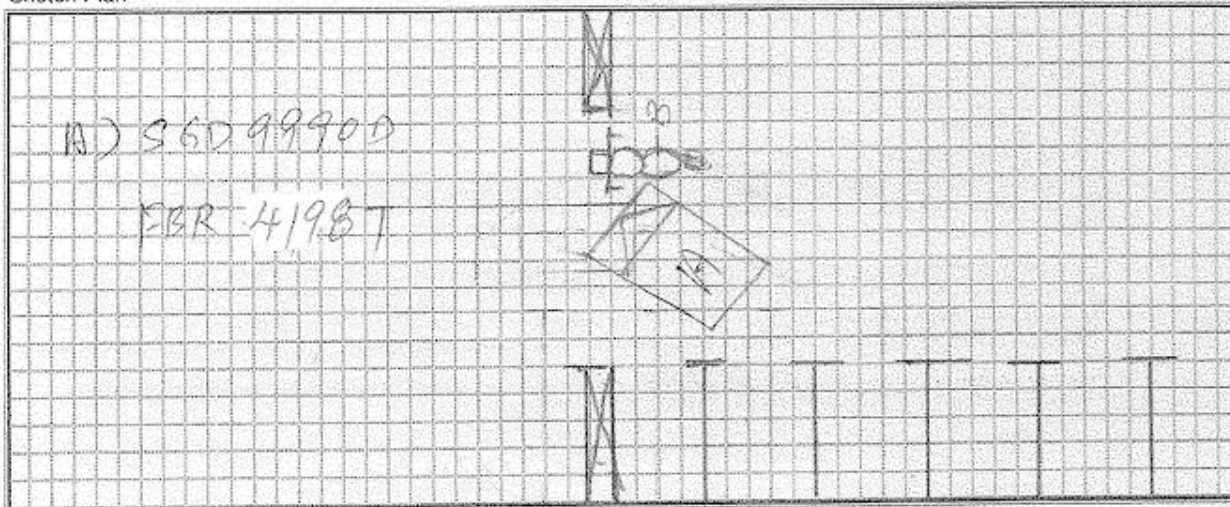
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan


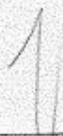


Describe Circumstance of the Accident

Refer to Police report G/20221117/7028

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
Driver's Signature (if driver is not the policyholder) / Date
& Time
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 18/11/22

To: Owner of Vehicle Number: SGD 9990D

The following has been advised to you via your workshop, S2H Motor through their staff, Mr Wong. Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop of the claims procedure as follows.
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☒ If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AXA help, please forward the photos of the front and back of the NRIC and driving license to motor.doc@axa.com.sg
- ☒ You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- \$200 off on your Basic Own Damage Excess or
 - \$200 as a benefit if your policy has \$0 excess and no Loss of Use Benefit or
 - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is . The estimated arrival time does not include the repair period.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

Signed and acknowledged by:

[Signature]
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]
Name and signature of workshop personnel including company stamp

AXA Insurance Pte Ltd (Company Reg. No.: 198903512M)
8 Shenton Way #24-01 AXA Tower Singapore 068811
AXA Customer Centre #01-21/22



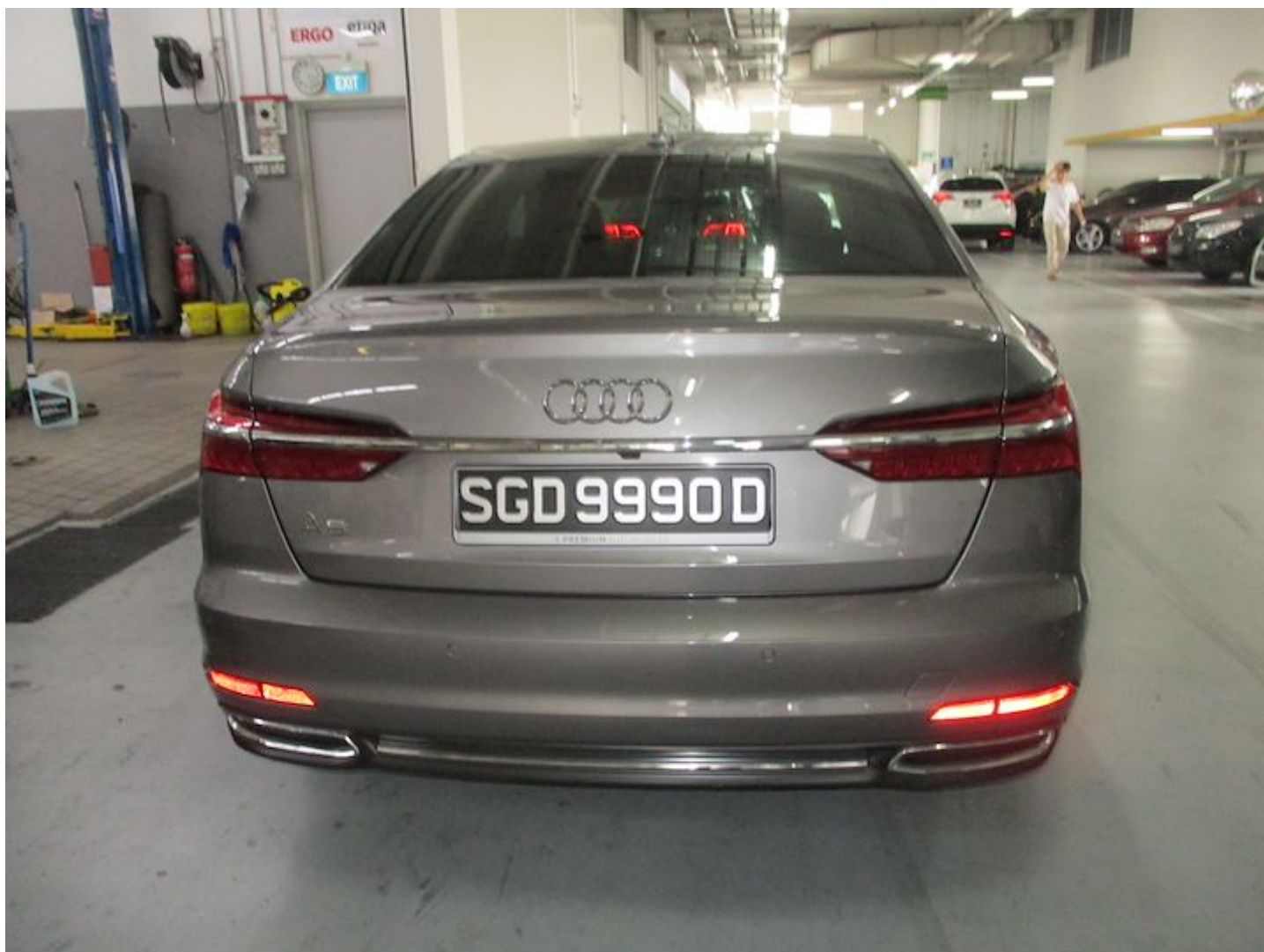




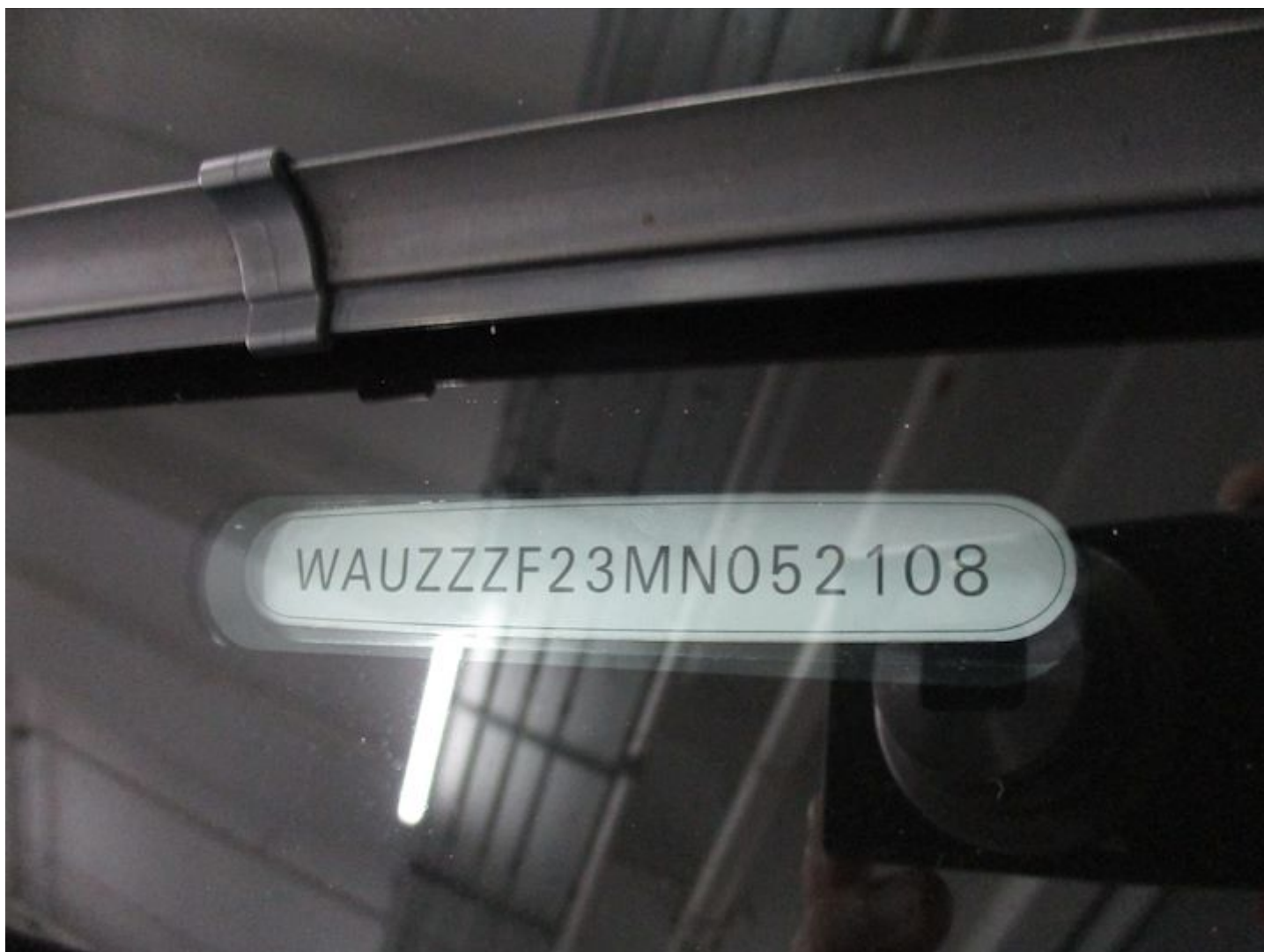














**SINGAPORE
POLICE FORCE**



G/20221117/7028

1 of 2

POLICE REPORT (NP299)

Report No. G/20221117/7028

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 17/11/2022 10:59	Vide Report No.	Station Diary No.
Name Of Informant TAY MENG HENG	Address 220 PAVILION CIRCLE SINGAPORE 658235	
ID Type / ID No. NRIC NO / S1795687F	Contact No. Home/Office:	Mobile: 96931199
Nationality SINGAPORE CITIZEN	Email Address FRANCISTAYMH@HOTMAIL.COM	
Occupation Unemployed	Sex Male	Age 54
Institution/School Name	Date of Birth 01/12/1967	Race Chinese
Date/Time Of Incident 16/11/2022 19:25	Location Of Incident 78 AIRPORT BOULEVARD #B3-Lob C JEWEL CHANGI AIRPORT SINGAPORE 819666	

Brief details.

The car accident happened while I was parking my car. I turned left into a lane and found an available 4th lot at the left side, right after turning in. While I was reverse-parking, I felt a light jerk. I stopped the car and was shocked to see a motorcycle with 2 passengers at my car front right side. I have checked the rear mirror to confirm no one was behind me before starting to reverse. I suspect the motorcyclist was already at my right side and was trying to surpass me instead of waiting for me to complete the parking. Confused for a moment, I came out to check the situation while the rider started shouting at me. As he refused to move, I tried to park the car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2022 10:59
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20221117/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221117/7028

Subjects Involved			
Victim			
Person Name	TAY MENG HENG		
ID Type	NRIC NO	ID No	S1795687F
Gender	Male	Age	54
Race	Chinese	Language	English
Occupation	Unemployed	Address	220 PAVILION CIRCLE SINGAPORE 658235
Mobile No	96931199	Is Informant A Victim?	Yes
Person Name	TAY MENG HENG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
17/11/2022 10:59

Classification Of Case: